

FINAL

PHA Plans

5 Year Plan for Fiscal Years 2001 - 2005
Annual Plan for Fiscal Year 2001

**Pulaski Housing Authority
2006 Garden Meadow Drive
Pulaski, TN 38478**

TN011v02

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: *Pulaski Housing Authority*

PHA Number: TN011

PHA Fiscal Year Beginning: (mm/yyyy) 10/2001

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2001 - 2005
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☐ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
 - ☐ Reduce public housing vacancies:
 - ☐ Leverage private or other public funds to create additional housing opportunities:
 - ☐ Acquire or build units or developments
 - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score)
 - ☐ Improve voucher management: (SEMAP score)
 - ☐ Increase customer satisfaction:
 - ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

- ☒ Renovate or modernize public housing units:
- ☒ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

- ☐ PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☐ PHA Goal: Provide an improved living environment

Objectives:

- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☐ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☐ PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- ☐ Increase the number and percentage of employed persons in assisted families:
 - ☐ Provide or attract supportive services to improve assistance recipients' employability:
 - ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☐ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- ☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2001
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
☒ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Not Required

iii Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☒ Admissions Policy for Deconcentration **See Attachment A**
- ☒ FY 2001 Capital Fund Program Annual Statement **See Attachment I**
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☒ FY 2001 Capital Fund Program 5 Year Action Plan **See Attachment J**
- ☒ Public Housing Drug Elimination Program (PHDEP) Plan **See Attachment B**
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

Attachment C – Definition of Substantial Deviation

Attachment D – Resident Advisory Board Members

Attachment E – Resident Membership on the PHA Board

Attachment F – Progress on Mission and Goals

Attachment G – Implementation of Public Housing Resident Community Service Program

Attachment H – Pet Policy

Attachment J – Performance and Evaluation Report

Attachment K – Discretionary Minimum Rent Hardship Exemption Policy

Attachment L – Grievance Policy

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall*	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	848	3	3	2	2	NA	NA
Income >30% but <=50% of AMI	416	2	2	2	2	NA	NA
Income >50% but <80% of AMI	533	2	2	2	2	NA	NA
Elderly	554	2	2	2	2	NA	NA
Families with Disabilities	NA	2	2	2	2	NA	NA
Race/Ethnicity/ White	1348	NA	NA	NA	NA	NA	NA
Race/Ethnicity/black	438	NA	NA	NA	NA	NA	NA
Race/Ethnicity /his	11	NA	NA	NA	NA	NA	NA
Race/Ethnicity	NA	NA	NA	NA	NA	NA	NA

***Source: CHAS Tables, Giles County, 1990 Census**

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: **2000**
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	14		67
Extremely low income <=30% AMI	12	86%	
Very low income (>30% but <=50% AMI)	2	14%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	10	71%	
Elderly families	2	14%	
Families with Disabilities	0	0%	
Race/ethnicity/White	5	36%	
Race/ethnicity/Black	9	64%	
Race/ethnicity	NA	NA	
Race/ethnicity	NA	NA	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	0	0%	4
1BR	4	29%	28
2 BR	7	50%	17
3 BR	3	21%	10
4 BR	0	0%	8
5 BR	0	0%	0
5+ BR	NA	NA	NA
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? NA			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes NA			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes NA			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	22		23
Extremely low income <=30% AMI	19	86%	
Very low income (>30% but <=50% AMI)	2	9%	
Low income (>50% but <80% AMI)	1	5%	
Families with children	15	68%	
Elderly families	4	18%	
Families with Disabilities	1	5%	
Race/ethnicity/White	11	50%	
Race/ethnicity/Black	11	50%	
Race/ethnicity	NA	NA	
Race/ethnicity	NA	NA	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	6	27%	5
2 BR	13	59%	9
3 BR	3	4%	6
4 BR	0%	0%	3
5 BR	0%	0%	0
5+ BR	NA	NA	NA
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? NA Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes NA Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes NA			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☐ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☐ Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
☒ Staffing constraints
☐ Limited availability of sites for assisted housing
☒ Extent to which particular housing needs are met by other organizations in the community
☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☒ Influence of the housing market on PHA programs
☐ Community priorities regarding housing assistance
☐ Results of consultation with local or state government
☐ Results of consultation with residents and the Resident Advisory Board
☐ Results of consultation with advocacy groups
☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2001 grants)		
a) Public Housing Operating Fund	\$196,719.00	
b) Public Housing Capital Fund	\$444,088.00	
c) HOPE VI Revitalization	\$0.00	
d) HOPE VI Demolition	\$0.00	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$314,950.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$58,966.00	
g) Resident Opportunity and Self-Sufficiency Grants	\$0.00	
h) Community Development Block Grant	\$0.00	
i) HOME	\$0.00	
Other Federal Grants (list below)	\$0.00	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
FY 2000 CFP	\$435,221.00	Capital Improvements
FY 1999 CIAP	\$108,727.00	Capital Improvements
3. Public Housing Dwelling Rental Income	\$247,692.00	Operations
4. Other income (list below)		
Excess Utilities	\$10,552.00	Operations
Other operating receipts	\$1,800.00	Operations
Washer Charge	\$4,380.00	Operations
5. Non-federal sources (list below)		
Total resources	\$1,823,095.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
☐ When families are within a certain time of being offered a unit: (state time)
☒ Other: (describe) **When all eligible information has been provided.**

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
☒ Rental history
☒ Housekeeping
☒ Other (describe) **Credit history**

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
☐ Sub-jurisdictional lists
☐ Site-based waiting lists
☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
☐ PHA development site management office
☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

Not Applicable

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists
☐ At the development to which they would like to apply
☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☒ One
☐ Two
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

Not Applicable

(4) Admissions Preferences

a. Income targeting:

- ☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
☒ Overhoused
☒ Underhoused
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☒ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☐ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☒ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

3 Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing
Owner, Inaccessibility, Property Disposition)
Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans’ families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
2 Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

Not Applicable

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
☐ The PHA’s Admissions and (Continued) Occupancy policy
☒ PHA briefing seminars or written materials
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
☒ Any time family composition changes
☒ At family request for revision
☐ Other (list)

Component 3, (6) Deconcentration and Income Mixing

a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☒ More general screening than criminal and drug-related activity (list factors below)
Rental history and housekeeping
☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

- c. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☒ Criminal or drug-related activity
- ☒ Other (describe below)
- Current/past landlord for owner's screening for suitability**

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☒ None **One Section 8 waiting list only**
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☒ PHA main administrative office
- ☐ Other (list below)

(3) Search Time

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Allow an additional 60 days (up to 120 days total)

(4) Admissions Preferences

- a. Income targeting

☒ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☒ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences

- 2 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 2 Victims of domestic violence
- Substandard housing
- 2 Homelessness
- High rent burden

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)

- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
- ☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50 **\$50.00**

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

See Attachment K

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Not Applicable

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☒ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
☐ At family option
☐ Any time the family experiences an income increase
☒ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
☐ Other (list below) _____

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☐ The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☐ Survey of similar unassisted units in the neighborhood
☒ Other (list/describe below)
The Pulaski Housing Authority's ceiling rent schedule, as developed from market comparability, currently meets the flat rent requirement. The PHA will establish market-based flat rents as required by October 2002.

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
☐ 100% of FMR
☒ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ The PHA has chosen to serve additional families by lowering the payment standard
☐ Reflects market or submarket
☒ Other (list below) **To provide reasonable accommodation**

- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)
- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☒ To increase housing options for families
- ☒ Other (list below) **To provide accommodation to individual with disability**

- d. How often are payment standards reevaluated for adequacy? (select one)
- ☒ Annually
- ☐ Other (list below)

- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- ☐ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

(2) Minimum Rent

- a. What amount best reflects the PHA's minimum rent? (select one)
- ☐ \$0
- ☐ \$1-\$25
- ☒ \$26-\$50
- b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
- **Loss of eligibility, is awaiting eligibility determination for federal, state or local assistance program.**
 - **Would be evicted as a result of the imposition of the minimum rent requirement.**
 - **Income has decreased because of changed circumstances, including loss of employment.**
 - **Death in family (that effects the income of said family)**

5. Operations and Management **Not Applicable**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☒ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below: **See Attachment L**

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☒ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below: **See Attachment L**

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (**See Attachment I**)

-or-

- ☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) **Attachment J**

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.) **Note: Demolition was originally proposed in FY 2000 Plan.**

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Victoria Place
1b. Development (project) number: TN37P011002
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> FY2000
5. Number of units affected: 32 Units
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9.Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.) **Not Applicable**

2. Program Description:

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs Not Applicable

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☐ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals
- ☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☒ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☐ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

Two developments: Victoria Place – TN011-002
Washington Circle – TN011-004

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☒ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- North end Neighborhood Watch**
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

All developments

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

All developments

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: **B**)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved? **NA**
If yes, how many unresolved findings remain? _____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? **NA**
If not, when are they due (state below)?

17. PHA Asset Management

NOT REQUIRED

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 - ☐ Not applicable
 - ☐ Private management
 - ☐ Development-based accounting
 - ☐ Comprehensive stock assessment
 - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

☐ Attached at Attachment (File name)

☒ Provided below: **General comments concerning the need for: HVAC in all units, additional parking, and continued safety and security measures.**

3. In what manner did the PHA address those comments? (select all that apply)

☒ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance

☐ Any head of household receiving PHA assistance

☐ Any adult recipient of PHA assistance

☐ Any adult member of a resident or assisted family organization

☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Tennessee – Tennessee Housing and Development Agency

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

ATTACHMENT A - DECONCENTRATION POLICY FOR THE PULASKI HOUSING AUTHORITY

I. DECONCENTRATION POLICY

- A. The objective of the Deconcentration Policy for the Pulaski Housing Authority (PHA) is to achieve the goal that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development or census tract. The PHA will take actions as necessary to achieve the goal that no individual development has a concentration of higher income or lower income families. To ensure that the PHA does not concentrate families with higher or lower income levels in any one development, the PHA will track the status of family income, by development, on a monthly basis utilizing income reports generated by the PHA's computer system.
 - 1. The PHA will periodically compare the relative incomes of its developments to the relative incomes of the census tracts in which they are located. Where significant differences are identified, income targeting will be applied.

I. INCOME TARGETING

- A. To accomplish the deconcentration goals, the Pulaski Housing Authority will take the following actions:
 - 1. At the beginning of each fiscal year the Pulaski Housing Authority will establish a numerical goal for admission of families whose incomes are at or below 30 percent of the area median income. The target annual goal will be calculated by taking 40 percent of the total number of move-ins from the previous PHA fiscal year.
 - 2. The PHA will limit the number of admissions to ensure that not less than 40 percent of admissions are families with incomes at or below 30 percent of the area median income.
 - 3. The PHA will skip families on the waiting list or skip developments to accomplish these goals.

The Pulaski Housing Authority will not hold units vacant to accomplish these goals.

ATTACHMENT B

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 58,966.00

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The Pulaski Housing Authority will continue the activities funded in the FFY 2000 PHDEP Grant. Through a referral network of linkages with PHA staff, police, courts, schools and social service agencies, the PHA will engage PHA at-risk youth in program activities as a diversion from violence and drug activity. Specific activities will include sports, fitness/recreational activities, field trips, career exploration, public speaking, drug prevention counseling and guest speakers.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas Name of development(s) or site	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Washington Heights (TN011-001)	76	55
Victoria Homes (TN011-002)	41	14
Northside Apartments (TN011-003)	40	87
Giles Homes (TN011-004)	30	2
Rolling Meadows (TN011-006)	49	98

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ 12 Months _____ 18 Months _____ 24 Months X Other _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995	NA				
FY 1996	\$122,000.00	TN43DEP0110196	\$0.00	None	Completed 11/30/98
FY 1997	NA				
FY 1998	NA				
FY 1999	\$52,786.00	TN43DEP0110199	\$26,404.60	None	09/13/02
FY 2000	\$55,014.00	TN43DEP0110100	\$44,634.00	None	09/06/02

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

PHDEP Plan Summary

The goals and objectives of this FY 2001PHDEP Grant are to: a) Decrease the number of drug related crimes; b) increase youth and resident participation the PHA leadership programs, recreational activities, and other drug prevention programs, and c) improve grades of PHA youth. The Drug/Prevention Coordinator part-time staff, Resident Council, and other volunteers will implement this Targeted Outreach Program in conjunction with the PHA on-site community center. PHA youth will be recruited and initiated into a variety of program activities as a diversion from violence and drug activity. The program will develop youth life skills and give them the sense of competence and self-worth. Specific activities are listed in Section 1-D. Law enforcement partners include the Giles County Sheriff's Department and the Pulaski Police Department. Youth will receive tutoring in the After-School Program provided at the PHA by local teacher volunteers. Resident will receive GED assistance at the local JPTA Center. Other partners include the Department of Human Services, the Resident Association and local churches. We will evaluate the effectiveness of the program/activities through on-going PHA and Program staff monitoring, as well as a resident survey.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 01 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	\$0.00
9120 - Security Personnel	\$0.00
9130 - Employment of Investigators	\$0.00
9140 - Voluntary Tenant Patrol	\$0.00
9150 - Physical Improvements	\$0.00
9160 - Drug Prevention	\$23,505.00
9170 - Drug Intervention	\$0.00
9180 - Drug Treatment	\$0.00
9190 - Other Program Costs	\$35,461.00
TOTAL PHDEP FUNDING	\$58,966.00

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9160 - Drug Prevention					Total PHDEP Funding: \$ 23,505.00		
Goal(s) – Provide a variety of educational, recreational and enrichment activities to deter drug and crime activities.							
Objectives – Improve grades of school age children and give PHA youth the sense of self-worth and valuable life skills.							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1) Drug Prevention Coordinator and Activities	60	K-12, All Ages	1-2000	1-2003	\$8,1000.00	0	Student report cards; Resident survey; Police calls/crime data reports; Program Evaluation
2) Youth Development Staff and Activities	60	k-12	1-2001	1-2003	\$4,405.00	0	Student report cards; Resident survey; Police calls/crime data reports; Program Evaluation
3) Field Trips / Transportation	60	K-12	6-2001	6-2003	\$3,000.00	0	NA
4) Supplies	60	K-12	6-2001	6-2003	\$4,000.00	0	NA
5) Special Instructors/Speakers	60	K-12	6-2001	6-2003	\$4,000.00	0	NA

9190 – Other Program Costs					Total PHDEP Funding: \$35,461.00		
Goal(s) – To provide a variety of educational, recreational and enrichment activities to deter drug and crime activity.							
Objectives – The conduct field trips for after-school and summer program participants. To purchase supplies to be used for homework and community projects. To perform a Program Evaluation. To provide special instructors and speakers.							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1) Program van	60	K-12	6-2001	6-2003	\$24,000.00	0	NA
2) Computers	60	K-12	6-2001	6-2003	\$9,139.00	0	NA
3) Program furniture	60	K-12	6-2001	6-2003	\$2,322.00	0	NA

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
9110				
9120				
9130				
9140				
9150				
9160	Activities 1-5	\$6,376.00	Activities 1-5	\$23,505.00
9170				
9180				
9190	Activities 1-3	\$8,865.00	Activities 1-3	\$35,461.00
TOTAL				\$58,966.00

ATTACHMENT C: Definition of Substantial Deviation

PHA's definition of "Significant Amendment or Substantial Deviation" from its 5-Year and Annual Plans:

1. Changes to rent or admissions policies or organization of the waiting list.
2. Addition of non-emergency work, items (items not included in the Annual Statement or 5-Year Action Plan) or a change in the use of replacement reserve funds under the Capital Fund.
3. Any change with regard to demolition or disposition, designation, or homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.

ATTACHMENT D – RESIDENT ADVISORY BOARD MEMBERS

Faye Wright
737 Childres St.
Pulaski, TN

Madge Hobbs
110 Washington Circle
Pulaski, TN

Bonnie Sapp
102 Victoria Pl.
Pulaski, TN

Carl Hargrove
2038 Garden Meadow Dr.
Pulaski, TN

Emily Dickerson
238 East Dr.
Pulaski, TN

Hester Rodgers
131 Phillips St.
Pulaski, TN

Mayor Dan Speer
PO Box 633
Pulaski, TN

Lisa White
PO Box 369
Pulaski, TN

Officer Dean Glossip
203 S. 1st Street
Pulaski, TN

ATTACHMENT E – RESIDENT ON BOARD OF COMMISSIONERS

Elizabeth Garrett
409 W. Cotton St.
Pulaski, TN

ATTACHMENT F – PROGRESS ON MISSION AND GOALS

GOAL – Improve the quality of assisted living

1. Our overall PHA score has dramatically improved. Our score increased from 59 in 1999 to 86.5 in 2000. The PHA is no longer designated a troubled agency.
2. We are continually upgrading and modernizing our public housing units. The new CFP gives us the opportunity to implement a strategic plan for capital improvements.
3. The PHA is working towards the demolition of 32 obsolete units in Victoria Place development. We anticipate formal HUD approval this year. Demolition will follow the approval process.

ATTACHMENT G - COMMUNITY SERVICE REQUIREMENTS

The Quality Housing and Work Responsibility Act of 1998, requires that nonexempt residents of public housing perform community service. In order to be eligible for continued occupancy, each adult family member must contribute eight hours of community service per month or participate in an economic self sufficiency program, or a combination of the two for eight hours per month, unless they are exempt from the requirement.

Eligible activities for completion of your Community Service Requirement will include eight hours per month contributed to any of the following activities or organizations:

1. Resident Organizations
2. Neighborhood Patrols
3. Participation in Adult Education Programs
4. Food Program
5. Youth Activities (sponsored through the local community centers)
6. Participation in any approved job-training program (JTPA or other State Program)
7. Senior Citizens Center (meals on wheels)
8. Adult Learning Center
9. Participation in Community Action Councils or Committees (Drug Task Force)
10. Participation in AA or other substance abuse programs

If you are participating in a program that is not listed, contact the Housing Authority office with the name of the program in which you are participating. This list is not meant to be all inclusive and other programs may be added, as we become aware of them.

You will be required to bring in verification of hours completed each month. The administrator of the program in which you are participating must sign your verification of hours worked. The Housing Authority will maintain a time sheet on each Resident that is required to do community service, and will track the hours completed. You may complete more than eight hours in one month toward your total of 96 hours per year, therefore, completing your requirement earlier than the twelve months allowed. You must only have eight hours for each month in which you do not qualify for an exemption. Exemption request forms are available at the Housing Authority business office.

Anyone who does not complete the required hours in a calendar year, will not be eligible for continued assistance from the Housing Authority, and their lease will be terminated. Residents who have completed their required hours shall have their lease automatically renewed, unless terminated for other good cause.

COMMUNITY SERVICE – EXEMPTION REQUEST

All adults (over 18) members of resident families are required to perform eight hours of community service each month, unless they qualify for exempt status with the Housing Authority. To qualify for an exemption, each adult family member must complete and return an exemption request, along with proper documentation, to verify that they are exempt from the community service requirement.

Exempt individuals are those who meet one or more of the following criteria. An adult who:

1. Is 62 years of age or older – **Verification: Birth Certificate**
2. Is a blind or disabled individual, as defined under the Social Security Act, and who certifies that because of this disability he or she is unable to comply with the community service requirements – **Verification: Social Security or SSI award letter**
3. Can provide documentation from a licensed physician that they have a disabling condition, which would prevent them from completing the community service requirement –
Verification: Letter from Physician
4. Is a family member who is primary caregiver for someone who is blind and disabled as set forth above – **Verification: Award letter from affected person**
5. Is a family member who is employed, either full-time or part-time –
Verification: Check stubs or Income Verification form
6. Is a full-time student (in high school or college with 12 credit hours or more) –
Verification: Enrollment Form
7. Is a family member who is exempt from work activity under Part A of Title IV of the Social Security Act or under any other State welfare program –
Verification: Letter or notice from DHS
8. Is a family member receiving assistance, benefits or services under a State program funded under Part A of Title IV of the Social Security Act or under any other State welfare program, and who is in compliance with that program –
Verification: Families First PRP or benefit letter
9. Is a single parent of under school age children, or a parent of under school age children, where the other adult members qualify for an exemption from the community service requirement – **Verification: Children's birth certificates**

In order to qualify for the exemption, you must turn in verification of your exemption with your request form.

All new residents are exempt for the partial month when they first move in, after which an exemption must be requested if one is desired. If an exemption is not requested, it will be assumed that you do not desire one and you will be required to perform the required community service hours. Please fill in required information below.

I do hereby request an exemption from performing my eight hours of community service each month, because I qualify for one of the exemptions listed above.

Name

Address

Development

COMMUNITY SERVICE – INDIVIDUAL TIME SHEET

Name: _____

Move-in Date: _____

Address: _____

Start Month: _____

Month	Hours Required	Hours Comp	Organization	Location	Verified
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL					

Annual Requirements Completed

☐ Yes ☐ No

Certified By _____

Housing Community _____

1-96	Hours Completed
X	Excused (new Move-in, etc)
E	Exempt (Temp, Exemption)

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ATTACHMENT H - LEASE ADDENDUM TO ALLOW FOR PETS
JULY 1, 1999

TENANT _____ ACCT. NO. _____

ADDRESS _____ PET DEPOSIT \$100.00

NAME & DESCRIPTION OF PET _____

I, _____, agree to the following rules and statements made in this lease addendum as set by the Pulaski Housing Authority. I understand that when the Housing Authority refers to pets, that means only domestic animals that have been approved by the Pulaski Housing Authority as allowable pets. **ONLY ONE PET IS ALLOWED PER FAMILY.** I also understand that my pet **CANNOT** be larger than:

(A) Dog: 15 inches tall when full grown.

(B) Cat: 10 inches tall when full grown.

Other pets that are permitted are domesticated birds, dogs, cats and fish in aquariums. **Snakes, (or any species of reptile,) hamsters or any kind of rodents ARE NOT PERMITTED!** The following breeds of dogs are not permitted, regardless of their size: Rotweilers, **ANY BREED** of Bull Dog, Dobermans, Boxers, or Chows.

I understand that I **must pay \$100.00 as a pet deposit before I can have my pet in my apartment or anywhere on the premises.** The Housing Authority will sue this money to pay for damages caused by my pet, whether the damage is caused inside of my apartment or on Housing Authority grounds. I understand that the pet deposit will be paid in addition to my required security deposit, and that the pet deposit is **NON-REFUNDABLE.**

THINGS THAT I MUST DO:

1. I must provide the Pulaski Housing Authority with all verifications of my pet's current rabies and distemper inoculations, neutering or spaying, and etc., before I can have my pet. I must bring verification of the inoculations each year at the annual re-examination time.
2. I must make sure my pet receives the medical care necessary for my pet to maintain good health.
3. My dog or cat must remain inside my apartment, or if outside my unit, it must be within my yard area and on a secured chain at all times that it is not inside my apartment. I understand that if my pet is a bird, **it must be confined to a cage at all times.**
4. *My dog or cat must not be allowed to roam or be loose within the development. I must exercise my pet in my own yard, and will not allow it to be in yards that are designated for other residents (or vacant units).*
5. I must accept complete responsibility for any damages to the property caused by my pet. This includes properties of other resident's as well as all Pulaski Housing Authority property.
6. I will not hold the Pulaski Housing Authority liable for **any injuries or damages** caused by my pet.
7. I will accept **complete responsibility** for the behavior and conduct of my pet at all times. I shall not permit my pet to disturb, interfere, or diminish the peaceful enjoyment of other residents. The terms "disturb, interfere, and diminish" shall include, but not be limited to barking, howling, charging, biting, scratching, and other similar activities.
8. In the event of my pet's death, I must dispose of the remains according to local health regulations.
9. I am solely responsible for cleaning up all pet droppings, inside and outside the apartment and on property grounds. Droppings must be disposed of by being placed in a plastic bag and placed in the trash dumpster provided for my development.
10. I shall take adequate precautions and measures necessary to eliminate pet odors within and around my unit, and shall maintain my unit and ground area in a sanitary condition at all times.
11. I shall not alter my unit, porch, or yard in **any manner** in order to create an enclosure for my pet.
12. I am prohibited from feeding or harboring stray animals.
13. Should my pet give birth to a litter, all offspring's must be removed from the premises **immediately.**
14. I shall not be allowed to keep any pet on a temporary basis.
15. I must identify an alternate custodian for my pet in case of an illness or other absence from my dwelling unit. This identification of alternate custodian must occur prior to my absence.
16. I understand that I am responsible for abiding by all local pet ordinances established by the City of Pulaski.
17. I must make maintenance aware that I have a pet when calling in for a work order, my pet **must be restrained at all times when maintenance personnel or other Housing Authority Representatives** are at my unit.

THINGS THE PULASKI HOUSING AUTHORITY WILL DO:

1. When it is necessary for the Housing Authority to spray for fleas and ticks (or other insects caused by my pet,) I will be charged for the cost of spraying.
2. The Housing Authority will dispose of my pet in any way necessary, if at any time I leave my pet unattended or abandoned. If pets are found to be left unattended for period of 24 hours or more, the Pulaski Housing Authority reserves the right to enter the dwelling unit, remove the pet and transfer it to the proper authorities, subject to the provisions of Tennessee State Laws and pertinent local pet ordinances. The Pulaski Housing Authority accepts no responsibility for the animal under such circumstances.
3. The Housing Authority will take appropriate actions if my pet is causing the living or working conditions in my building or project to be unsafe, unsanitary or indecent.
4. The Housing Authority will give me **Notice to Vacate** and **will terminate my lease** if there are repeated or continuous problems with my pet.

THINGS THE PULASKI HOUSING AUTHORITY WILL NOT DO:

1. The Housing Authority will not be responsible for my pet at any time regardless of the circumstances.
2. The Housing Authority will not be responsible for any damages or injuries caused my pets.
3. The Housing Authority will not be responsible for any injuries or the subsequent death to my pet which result from the normal operation of Housing Authority Staff or equipment.
4. The Housing Authority **will not permit** my pet to become a nuisance to management or other Residents. If the animal should become destructive, create a nuisance, represent a threat to the health and security of other residents, or create a cleanliness or sanitation problem. In the event of this, the Housing Authority shall take proper action such as: **revoking all pet privileges, removal of the pet and/or eviction from the unit.** The privilege of maintaining a pet in a facility owned and operated by the Pulaski Housing Authority shall be subject to the rules above. **THIS PRIVILEGE MAY BE REVOKED AT ANY TIME SUBJECT TO THE HOUSING AUTHORITY GRIEVANCE PROCEDURES.**

By signing this pet addendum to my lease, I am agreeing that the Pulaski Housing Authority has explained it to me. I am also stating that I fully understand it all and agree to abide by it. I am aware that this pet addendum is an agreement between myself and the Pulaski Housing Authority and that it is a legally binding contract.

TENANT SIGNATURE

HOUSING AUTHORITY AGENT

TENANT SIGNATURE

AGENT'S TITLE

TENANT SIGNATURE

DATE

ATTACHMENT K –

MINIMUM RENT DECLARATION OF HARDSHIP

Account # _____

I/We, _____, declare a minimum rent hardship for the following reason:

1. _____ Loss of eligibility is awaiting eligibility determination for federal, state or local assistance program.
2. _____ Would be evicted as a result of the imposition of the minimum rent requirement.
3. _____ Income has decreased because of changed circumstances, including loss of employment.
4. _____ Death in family, (that affects the income of said family).

By declaring this hardship, I am giving the Pulaski Housing Authority permission to do an investigation to determine my eligibility. This investigation may consist of, but **is not limited to**, home visits, credit checks, questionnaires, computer matching, and documented phone verifications with the Department of Human Services, Social Security Administration, other Social Services Agencies, and etc....

If my hardship is approved I will not be required to pay minimum rent until my income increases or the hardship no longer exists. I understand that if I do not report an increase in my income or that my hardship no longer exists, I will be required to pay retro-active rent from the date that my rent increase should have gone into effect.

If my hardship is not approved, I will be required to pay all unpaid rents and/or other charges. If I am not satisfied with the decision of the housing manager, I may file an appeal, **in writing**, within 5 (five) working days from the date I am notified, to have the decision reviewed by the hardship review committee.

Signature of Resident Date

Signature of Spouse Date

Signature of Other Adult Date

FOR OFFICE USE ONLY BELOW THIS LINE

Determination: Eligible_____ Ineligible_____ Date_____

Reason: _____

Rents & Other Charges Credited: Date_____ Total Amount_____
Rent_____ Utilities_____ Late Fee_____
Washer Charge_____ Maintenance_____ Other_____

Check official action taken: (Attach appropriate documentation)

____ Home Visit ____ Credit Check ____ Phone Verification

____ Questionnaire ____ Computer Match ____ Other

Appeal Filed: ____ Yes ____ No

Results: _____

Housing Manager

Date

**MINIMUM RENT HARDSHIP INVESTIGATION
(EVICTION PENDING)**

DATE _____ DEVELOPMENT _____ ACCOUNT # _____

RESIDENT(S): _____

ADDRESS: _____

1. Who pays for your telephone, cell phone, pager, cable, etc., and how much do they pay on each?

2. Do you have other bills to pay, such as, insurance, furniture, car note, credit cards, dept. store charge cards, etc...?

____ Yes ____ No

3. Who pays these for you and how much do they pay on each?

4. List **all sources** of income you have and how much from each:

_____ \$
_____ \$
_____ \$
_____ \$

5. Will your church assist you with paying your rent? _____

6. Will your family pay your rent for you? Yes _____ No _____

7. If un-employed, why are you not receiving cash assistance from Dept. of Human Services, Social Security or other Social Service Programs?

8. Why are you not employed? _____

9. Are you currently enrolled in a higher education class or job training program?

Yes_____ No_____

10. If unemployed, why are you not seeking job skills or higher education? _____

Signature of Resident

Date

Signature of Spouse

Date

Other Adult Resident

Date

**MINIMUM RENT HARDSHIP INVESTIGATION
(LOSS OF INCOME)**

Date_____ Development_____ Account #_____

Resident:_____

Address: _____

1. Why has your income stopped or decreased? _____

2. What have you done to secure other income? _____

3. Who pays for your telephone, cell phone, pager, cable, etc, and how much do they pay each month?

4. Do you have other bills such as, insurance, furniture, car note, credit cards, dept. store charge cards, etc... to pay?

Yes_____ No_____

5. Who pays these how much do they pay on each? _____

6. What other sources of income do you have and how much is each?
_____ \$ _____
_____ \$ _____
_____ \$ _____

7. Will your church assist you with paying your rent?
____ Yes ____ No

8. Will your family pay your rent for you? ____ Yes ____ No

9. If unemployed, why are you not receiving cash assistance from the Department of Human Services, Social Security or other Social Services Programs?

10. Are you currently enrolled in higher education classes or a job-training program? ____ Yes ____ No

11. If you are not currently employed and not seeking higher education or job training, **why not?** _____

Signature of Resident Date

Signature of Spouse Date

Other Adult Date

**MINIMUM RENT HARDSHIP INVESTIGATION
(DEATH IN FAMILY)**

Date _____ Development _____ Account # _____

Resident(s): _____

Address: _____

1. Who is deceased and what was their relationship to you? (Attach verification)

2. Was the deceased providing you with income and if so, how much?
(Attach verification)

3. *Who pays for your telephone, cell phone, pager, cable, etc, and how much do they pay on each?*

4. Do you have other bills such as, insurance, furniture, car note, credit cards, dept. store charge cards, and etc...?
____ Yes ____ No

5. Who pays these for you and how much do they pay on each month?

6. What other sources of income do you have and how much is each?

_____ \$ _____

_____ \$ _____

_____ \$ _____

7. Will your church or family assist you in paying your rent? _____

8. If unemployed, why are you not receiving cash assistance from the Dept. of Human Services, Social Security, or other Social Services Programs or etc...? _____

9. What have you done to secure other sources of income? _____

10. How does this death affect your income? _____

Signature of Resident

Date

Signature of Spouse

Date

Other Adult

Date

**MINIMUM RENT HARDSHIP INVESTIGATION
(LOSS OF ELIGIBILITY)**

Date _____ Development _____ Account # _____

Resident(s): _____

Address: _____

1. Why were you terminated from the assistance program? _____

2. What actions have you taken to get your benefits restored? _____

3. Do you have your letter of termination/denial? (Attach copy) _____ Yes _____ No

4. What other sources of income do you have and how much?

_____ \$ _____
_____ \$ _____
_____ \$ _____

5. Who pays for your telephone, cell phone, pager, cable, etc., and how much do they pay on each? _____

6. Do you have other bills such as insurance, furniture, car note, credit cards, dept. store charge cards, etc..? _____ Yes _____ No

7. Who pays these and how much do they pay on each? _____

8. Will your church or family assist you in paying your rent?

_____ Yes _____ No

9. Why are you not employed? _____

10. Are you currently enrolled in higher education classes or a job-training program? _____ Yes _____ No

Signature of Resident

Date

Signature of Spouse

Date

Other Adult

Date

ATTACHMENT L

PULASKI HOUSING AUTHORITY GRIEVANCE PROCEDURE

PURPOSE

This grievance procedure has been adopted to provide the standards and procedures to assure tenants the opportunity for a hearing within a reasonable time if the tenant disputes the action or failure to act involving the tenant lease with the Public Housing Authority (PHA) or regulations which adversely affect the individual's tenant's rights, duties, welfare or status.

GOVERNING LAW

The law governing this grievance procedure is section 6 (k) of the U.S. Housing Act of 1937 (42 U.S.C. sec. 1437d (k) and subpart B of 24 CFR part 966 (24 CFR secs. 966.50 – 966.57).

APPLICABILITY

In accordance with applicable federal regulations, this grievance procedure shall be applicable to all individual grievances (as defined in Section IV below) between Tenant and the PHA with the following two exceptions:

- A. This grievance procedure is not applicable to disputes between Tenants not involving the PHA, or to class grievances involving groups of Tenants. Also, this grievance procedure is not intended as a forum for initiating or negotiating policy change between Tenants, or groups of Tenants, and the PHA's Board of Commissioners.
- B. HUD has issued a due process determination that the law of the State of Tennessee requires that Tenant to be given the opportunity for hearing in court, which provides the basic elements of due process (as defined in Section IV below) before eviction from a dwelling unit. Therefore, the PHA has elected to determine that this grievance procedures shall not be applicable to any termination of tenancy or eviction that involves:
 - 1. Any drug-related criminal activity on or off PHA's public housing premises, not just on or near the premises. Such activity is defined as the illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, distribute, or use a controlled substance and/or the possession of drug paraphernalia;

NOTE: THIS GRIEVANCE PROCEDURE WAS ADOPTED BY THE PULASKI HOUSING AUTHORITY BOARD OF COMMISSIONERS JANUARY 13, 1998. RESOLUTION NO. 584.

- 2. Engage in criminal activity or alcohol abuse that threatens the health, safety, or right to peaceful enjoyment of premises by other residents or employees of PHA. The Resident accepts that any drug-related or criminal activity by any member of the household or by any guest or other person under the Resident's control in violation of this term will be treated as "a serious violation of the material terms of the lease" and is cause for termination of tenancy, and for eviction of all persons from the apartment;
- 3. PHA has a One Strike or "Zero Tolerance" policy with respect to violation of lease terms regarding criminal activity. Criminal activity is cause for termination even in the absence of conviction or arrest. Additionally, persons evicted from public housing, Indian housing, Section 23, or any Section 8 program because of drug-related criminal activity are ineligible for admission to public housing for a three-year period beginning on the date of such eviction.

II. DEFINITIONS

The following definitions of terms shall be applicable to this grievance procedure:

- A. **Grievance:** Any dispute which a Tenant may have with respect to an action or failure to act by the PHA in accordance with the individual Tenant's lease or the PHA regulations, which adversely affects the individual Tenant's rights, duties, welfare or status.
- B. **CFR:** The Code of Federal Regulations, which contains the federal regulation governing this grievance procedure.
- C. **Complainant:** Any Tenant (as defined in this section below) whose grievance is presented to the central office of the PHA in accordance with the requirements set forth in this procedure.
- D. **Drug-Related Criminal Activity:** The illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or the use of a controlled substance and the possession of drug paraphernalia, as defined in sec. 102 of the Controlled Substances Act (21 U.S.C. sec 8022) as from time to time amended.
- E. **PHA or "Authority":** The Housing Authority, a body corporate organized and existing under the laws of the State of Tennessee.
- F. **Elements of due process:** The following procedural safeguards are required to be followed in an eviction action or a termination of tenancy in a state or local court:
 - 1. Adequate notice to the Tenant of the grounds for terminating the tenancy and for eviction;
 - 2. Right of the Tenant to be represented by counsel;
 - 3. Opportunity for the Tenant to refute the evidence presented by the PHA, including the right to confront and cross examine witnesses and to present any affirmative legal or equitable defense which the Tenant may have;
 - 4. A decision on the merits.
- G. **Hearing Officer:** An impartial person selected in accordance with 24 CFR sec. 966.55 and this grievance procedure to hear grievances and render decisions with respect thereto.
- H. **Hearing panel:** A three-member group of impartial persons, selected in accordance with 24 CFR sec. 966.55 and this procedure to hear grievances and render decisions with respect thereto.
- I. **HUD:** The United States Department of Housing and Urban Development.
- J. **Notice:** As used herein, the term notice shall, unless otherwise specifically provided, mean written notice. (See Section XII).
- K. **The "regulations":** The HUD regulations contained in subpart B of 24 CFR part 966.
- L. **Resident organization:** An organization of residents, which includes any resident management corporation, and specifically includes the Pulaski Housing Authority Resident Council.
- M. **Tenant:** The adult person (or persons) other than a live-in aid:
 - 1. Who resides in the unit and who executed the lease with the PHA as lessee of the dwelling unit, or, if no such person resides in the unit,
 - 2. The person who resides in the unit, and who is the remaining head of the household of the Tenant family residing in the dwelling unit.
- N. **Business Days:** Monday through Friday of each week, except of legal holidays recognized by the federal government.

III. INCORPORATION IN LEASES

This grievance procedures shall be incorporated by reference in all public housing dwelling leases between Tenants and the PHA, whether or not so specifically provided in such leases.

IV. INFORMAL SETTLEMENT OF GRIEVANCES

- A. **Initial Presentation.** Any grievance must be personally presented, either orally or in writing, to the PHA's main office, within (5) business days after the occurrence of the event giving rise to the grievance.
- B. **Informal Settlement Conference.** If the grievance is not determined by the PHA to fall within one of the two exclusions mentioned in section III B (1) and III B (2) above, then the PHA will, within (5) business days after the initial presentation of the grievance, informally discuss the grievance with the complainant or his representatives in an attempt to settle the grievance without the necessity of a formal hearing. If the informal settlement conference cannot occur at the time the grievance is initially presented by the complainant, then the complainant will promptly be notified in writing of the time and place for the informal settlement conference.
- C. **Written Summary.** Within five (5) business days after the informal settlement conference, a summary of the informal discussion shall be prepared by the PHA and a copy thereof shall be provided to the complainant. The summary shall be in writing and shall specify the names of the participants in the discussion, the date of the discussions, the nature of the proposed disposition of the grievance, and the specific reasons for such disposition. This written summary will also specify the procedures by which the complainant may obtain a formal hearing if not satisfied by the proposed disposition of the grievance. A copy of the written summary shall also be placed in the complainant's tenant file.

V. FORMAL GRIEVANCE HEARING

The following procedures apply to the request for a formal grievance hearing under this grievance procedures:

- A. **Request for hearing:** If the Complainant is not satisfied with the results of the informal settlement conference, the Complainant must submit a written request for a formal hearing to the PHA's main office no later than (5) business days after the date Complainant receives the summary of discussion delivered as required under Section VI above.

Complainant's written request for a formal hearing must specify:

- 1. The reasons for the grievance; and
 - 2. The action or relief sought by the complainant; and
 - 3. Statement setting forth the time at which the complainant will be available for a hearing during the next five (5) business days; and
 - 4. If the complainant has failed to attend an informal discussion conference, a request that the hearing officer may waive this requirement.
- B. **Failure to Request Hearing.** If the complainant fails to request a hearing within five (5) business days after receiving the written summary of the informal settlement conference, the PHA's decision rendered at the informal hearing becomes final and PHA is not thereafter obligated to offer the complainant a formal hearing.

SELECTION OF HEARING OFFICERS

All grievance hearings shall be conducted by an impartial person or persons appointed by the PHA after consultation with resident organizations, in the manner described below:

- C. The permanent appointments of persons who shall serve as hearing officer shall be governed by the following procedures:
 - 1. The PHA shall nominate a slate of persons to sit as permanent hearing officers. These persons may include, but will not be necessarily limited to, members of PHA Board of Commissioners, PHA staff members, residents, or other responsible persons in the community. No persons shall be listed on the slate of members unless such persons have consented to serve as a hearing officer.
 - 2. The slate of potential appointees shall be submitted to all PHA resident organizations for written comments. Written comments from the resident organizations shall be considered by the PHA before appointments are finally made. Objection to the appointment of a person as a hearing officer must be considered but is not dispositive as to the proposed appointment with respect to which objection is made.
 - 3. On final appointment, the persons appointed and resident organizations. A list of all qualified hearing officers will be kept at the central office of PHA and be made available to public inspection at any time.

D. The designation of hearing officers for particular grievance hearings shall be governed by the following provisions:

1. All hearings will be held before a single hearing officer.
2. Appointments to serve as a hearing officer with respect to a particular grievance shall be made by the PHA in random order, subject to availability of the hearing officer to serve in each such case. The PHA may employ any reasonable system for random order choice.
3. No member of the PHA Board of Commissioners or staff may be appointed as hearing officer in connection with the grievance contesting an action which was either made or appointed by proposed appointee, or which was made or appointed by a person under whom the proposed appointee works or serves as a subordinate.
4. No person shall accept an appointment, or retain an appointment, once selected as a hearing officer, if it becomes apparent that such person is not fully capable of impartiality. Persons who are designated to serve as hearing officers must disqualify themselves from hearing grievances that involve personal friends, relatives, persons with whom they have any business relationship, or grievances in which they have some personal interest. Further, such persons are expected to disqualify themselves if the circumstances are such that a significant perception of partiality exists and is reasonable under the circumstances. If a complainant fails to object to the designation of the hearing officer on the grounds of partiality, at the commencement or before the hearing, such objection is deemed to be waived, and may not thereafter be made.

In the event that a hearing officer fails to disqualify himself or herself as required in this grievance procedures, the PHA Board of Commissioners will remove that hearing officer from the list of persons appointed for such purposes, invalidate the results of the grievance hearing in which such persons should have, but did not, disqualify himself or herself, and schedule a new hearing with a new hearing officer.

VI. SCHEDULING OF HEARINGS

A. **Hearing prerequisites:** A complainant does not have a right to a grievance hearing unless the complainant has satisfied the following prerequisites to such a hearing.

1. The complainant has requested a hearing in writing.
2. The complainant has completed the informal settlement conference procedure or has requested a waiver for good cause.
3. If the matter involves the amount of rent which the PHA claims is due under the complainant's lease, the complainant shall have paid to the PHA an amount equal to the amount due and payable as of the first of the month preceding the month in which the complained of act or failure to act took place. And, in the case of situations in which hearings are, for any reason delayed, the complainant shall thereafter, deposit the same amount of the monthly rent in an escrow account monthly until the complaint is resolved by decision of the hearing officer. Unless waived by the PHA in writing, no waiver will be given by the PHA except in cases of extreme and undue hardship to the complainant, determined in the sole and absolute discretion of the PHA.

Time, Place, Notice

4. Upon Complainant's compliance with the prerequisites to hearing set forth above, a hearing shall be scheduled by the hearing officer as selected by section VIII.B, promptly for a time and place reasonably convenient to both the complainant and the PHA, no later than five (5) business days after Complainant has completed such compliance.
5. A written notification specifying the time, place, and the procedures governing the hearing shall be delivered to the complainant and the appropriate PHA official, who, unless otherwise designated; shall be the Executive Director.

VII. PROCEDURES GOVERNING HEARINGS

A. **Fair Hearings:** The hearings shall be held before a hearing officer as described in Section VIII. The complainant shall be afforded a fair hearing, which shall include:

1. The opportunity to examine before the hearing any PHA documents, including records and regulations that are directly relevant to the hearing.

The complainant will be allowed to copy any such document at the complainant's expense. If the PHA does not make the document available for examination upon request by the complainant, the PHA may not rely on such document at the grievance hearing.

2. The right to be represented by counsel or other person chosen as the complainant's representative and to have such person make statements on the complainant's behalf.
 3. The right to a private hearing unless the complainant requests a public hearing.
 4. The right to present evidence and arguments in support of the his or her complaint, to controvert evidence relied on by the PHA and to confront and cross examine all witnesses upon whose testimony or information the PHA or its management relies; and
 5. A decision based solely and exclusively upon the facts presented at the hearing.
- B. **Prior Decision in Same Matter:** The hearing officer may render a decision without proceeding with the hearing if her or he determines that the issue has been previously decided in another proceeding.
- C. **Failure to Appear:** If the complainant or the PHA fails to appear at a scheduled hearing, the hearing officer may make a determination to postpone the hearing for a period not to exceed five (5) business days or may make a determination that the party failing to attend has waived the right to a hearing. In such event, the hearing officer shall notify the complainant and the PHA of the determination.

The failure to attend a grievance hearing shall not constitute a waiver of any right for which the complainant may have to contest the PHA's disposition of the grievance in an appropriate judicial proceeding.

- D. **Required Showing of Entitlement to Relief:** At the hearing, the complainant must first make a showing of an entitlement to the relief sought and thereafter the PHA must sustain the burden of justifying PHA's action or failure to act against which the complaint is directed.
- E. **Informality of Hearing:** The hearing shall be conducted informally by the hearing officer, and oral or documentary evidence pertinent to the facts and issues raised by the complaint may be received without regard to admissibility under the rules of evidence applicable to judicial proceeding.
- F. **Orderly Conduct Required:** The hearing officer shall require the PHA, the complainant, counsel, and other participants or spectators, to conduct themselves in an orderly fashion. Failure to comply with the directions of the hearing officer to obtain order may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.
- G. **Transcript of Hearing:** The complainant or the PHA may arrange in advance, and at the expense of the party making the arrangement, for a transcript of the hearing. Any interested party may purchase a copy of such transcript.
- H. **Accommodations to Handicapped Persons:** The PHA must provide reasonable accommodations for persons with disabilities to participate in grievance hearings. Reasonable accommodations may include qualified sign language interpreters, readers, accessible locations, or attendants.

VIII. DECISION OF THE HEARING OFFICER

At or subsequent to the completion of the grievance hearing, the hearing officer shall make a determination as to the merits of the grievance and the following provisions shall govern:

- A. **Written Decision:** The hearing officer shall prepare a written decision, together with the reasons for the decision within five (5) business days after the completion of the hearings.
1. A copy of the decision shall be sent to the complainant and the PHA. The PHA shall retain a copy of the decision in the complainant's tenant folder.
 2. A copy of such decision, with all names and identifying references deleted, shall also be maintained on file by the PHA and made available for inspection by any prospective complainant, his representative, or the hearing officer.
- B. **Binding Effect:** The written decision of the hearing officer shall be binding upon the PHA, which shall take all actions, or refrain from any actions, necessary to carry out the decision unless the PHA's Board of Commissioners determines, within (5) business days, and properly notifies the complainant of its determination, that:
1. The grievance does not concern the PHA action or failure to act in accordance or involving the complainant's lease, or PHA's are regulations, which adversely affect the Complainant's rights, duties, welfare or status, or

2. The decision of the hearing officer is contrary to applicable Federal, State, or local law, HUD regulations or requirements of the annual contributions contract between HUD and the PHA.

- C. **Continuing Right of Complainant to Judicial Proceedings:** A decision by the hearing officer or Board of Commissioners in favor of the PHA or which denies the relief requested by the complainant, whole or in part, shall not constitute a waiver of, nor effect in any way the rights of the Complainant to a trial or judicial review in any judicial proceedings, which may thereafter be brought in the matter.

IX. NOTICES

All notices under this grievance shall be deemed delivered: (1) upon personal service thereof upon the complainant or an adult member of the complainant's household, (2) upon the date receipted for or refused by the addressee, in the case of certified or registered U.S. Mail, or (3) on the second day after the deposit thereof for mailing, postage prepaid, with the U.S. Postal Service, if mailed by first class mail other than certified or registered mail.

If a Tenant is visually impaired, any notice hereunder delivered to such Tenant shall be in an accessible format.

X. MODIFICATION

This grievance procedures may not be amended or modified except by approval of a majority of the Board of Commissioners of the PHA present at a regular meeting or a special meeting called for such purposes. Further, in addition to the foregoing, any changes proposed to be made to this grievance procedures must provide for at least thirty (30) days advance notice to tenants and resident organizations, setting forth the proposed changes and providing an opportunity to present written comments. The comments submitted shall be considered by the PHA before final adoption of any amendments hereto.

XI. MISCELLANEOUS

- A. **Captions:** Captions or paragraph headings set forth in this grievance procedure are to the convenience of reference only and shall not be construed or interpreted to affect the substance of the paragraphs or sections so captioned.
- B. **Concurrent Notice:** If a Tenant has filed a request for grievance hearing hereunder in a case involving the PHA's notice of termination of tenancy, the complainant should be aware that the State law notice to vacate and the notice of termination of tenancy required under Federal law run concurrently. Therefore, if the hearing officer upholds the PHA's action to terminate the tenancy, the PHA may commence an eviction action in court upon the sooner of, the expiration of the date for termination of tenancy and vacation of premises stated in the notice of termination delivered to complainant, or the delivery of the report of decision of the hearing officer to complainant.

Attachment I

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01150101 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 2001	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$12,017.00			
3	1408 Management Improvements	\$0.00			
4	1410 Administration	\$0.00			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$24,071.00			
8	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$0.00			
10	1460 Dwelling Structures	\$386,400.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$14,400.00			
12	1470 Nondwelling Structures	\$0.00			
13	1475 Nondwelling Equipment	\$0.00			
14	1485 Demolition	\$0.00			
15	1490 Replacement Reserve	\$0.00			
16	1492 Moving to Work Demonstration	\$0.00			
17	1495.1 Relocation Costs	\$7,200.00			
18	1499 Development Activities	\$0.00			
19	1501 Collateralization or Debt Service	\$0.00			
20	1502 Contingency	\$0.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$444,088.00			
22	Amount of line 21 Related to LBP Activities	\$0.00			
23	Amount of line 21 Related to Section 504 compliance	\$0.00			
24	Amount of line 21 Related to Security – Soft Costs	\$0.00			
25	Amount of Line 21 Related to Security – Hard Costs	\$18,900.00			
26	Amount of line 21 Related to Energy Conservation Measures	\$81,000.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01150101 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406	1	\$12,017				
	Fees and Costs	1430	1	\$24,071				
TN011-003	Abate asbestos floor tile	1460	18	\$22,950				
	Patch and paint	1460	18	\$21,600				
	Kitchen renovations	1460	18	\$45,000				
	Kitchen GFIC	1460	18	\$1,800				
	Security screen doors	1460	36	\$13,500				
	Bath renovations	1460	18	\$45,000				
	Light fixtures	1460	18	\$18,000				
	Bath GFIC	1460	18	\$1,800				
	HVAC	1460	18	\$81,000				
	Smoke / carbon monoxide detectors	1460	18	\$2,700				
	HVAC closets	1460	18	\$5,400				
	911 house numbers	1460	18	\$1,800				
	New water heater relocation	1460	18	\$8,100				
	Washer boxes	1460	18	\$5,400				
	Dryer vents and plugs	1460	18	\$5,400				
	Porch replacement	1460	1	\$2,500				
	Conduit for cable TV & telephone	1460	18	\$4,500				
	Roofs and decking	1460	15	\$30,000				
	Interior doors	1460	18	\$4,500				
	Paint porch columns	1460	18	\$3,600				
	Replace soffits	1460	18	\$1,800				
	Replace door locks & deadbolts	1460	18	\$2,700				
	Replace fascia boards & add vinyl	1460	18	\$9,000				
	Cover misc. ext. trim with vinyl	1460	4	\$2,000				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01150101 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	New exterior doors & frames	1460	18	\$14,400				
	Lead paint abatement	1460	18	\$9,000				
	New floor tile and base	1460	18	\$22,950				
	Ranges	1465.1	18	\$6,300				
	Refrigerators	1465.1	18	\$8,100				
	Tenant Relocation	1495.1	18	\$7,200				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program No: TN43P01150101 Replacement Housing Factor No:				Federal FY of Grant: FY 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	03/31/02			09/30/03			
TN011-003	03/31/02			09/30/03			

Attachment J

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Pulaski Housing Authority				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	Annual Statement				
PHA Wide		\$121,388.00	\$84,488.00	\$84,788.00	\$84,788.00
TN011-001		\$0.00	\$359,600.00	\$306,800.00	\$306,800.00
TN011-002		\$252,350.00	\$0.00	\$0.00	\$0.00
TN011-003		\$0.00	\$0.00	\$0.00	\$0.00
TN011-004		\$70,400.00	\$0.00	\$0.00	\$0.00
TN011-006		\$0.00	\$0.00	\$52,500.00	\$52,500.00
CFP Funds Listed for 5-year planning		\$444,088.00	\$444,088.00	\$444,088.00	\$444,088.00
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003				
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost		
See	PHA Wide	Operations	\$61,338.00	PHA Wide	Operations	\$44,488.00		
Annual		Fees and Cost	\$60,000.00		Fees and costs	\$40,000.00		
Statement	TN011-002	Replace sewer laterals	\$25,000.00	TN011-001	Replace sewer laterals	\$25,000.00		
		Add double "Y" cleanouts	\$4,900.00		Add double "Y" cleanouts	\$4,900.00		
		Replace gas meters	\$4,900.00		Replace gas meters	\$4,900.00		
		Remove gas lines	\$2,500.00		Landscaping	\$10,000.00		
		Landscaping	\$10,000.00		Rebuild rear porches	\$3,500.00		
		Rebuild rear porches	\$3,500.00		Rebuild front porches	\$4,000.00		
		Rebuild front porches	\$4,000.00		Bath remodeling	\$28,000.00		
		Bath remodeling	\$18,000.00		Kitchen remodeling	\$42,000.00		
		Kitchen remodeling	\$27,000.00		Electrical upgrade	\$28,000.00		
		Electrical upgrade	\$18,000.00		Bathroom grab bars	\$7,000.00		
		Bathroom grab bars	\$4,500.00		Window double pane	\$36,960.00		
		Window double pane	\$23,760.00		Exterior doors	\$22,400.00		
		Exterior doors	\$14,400.00		Security screen doors	\$9,240.00		
		Security screen doors	\$5,940.00		901 house numbers	\$1,400.00		
		901 house numbers	\$900.00		Patch and paint	\$16,800.00		
		Patch and paint	\$10,800.00		Abate asbestos floor tile	\$35,000.00		
		Abate asbestos floor tile	\$22,500.00		Washer boxes	\$4,900.00		
		Washer boxes	\$3,150.00		HVAC	\$56,000.00		
		HVAC	\$36,000.00		HVAC closets	\$4,900.00		
		HVAC closets	\$3,150.00		Dryer vents and plugs	\$3,500.00		
		Dryer vents and plugs	\$2,250.00		Ranges	\$4,900.00		
		Ranges	\$3,150.00		Refrigerator	\$6,300.00		
		Refrigerators	\$4,050.00					
		Add parking (Childress)	\$37,400.00					
		Add parking (N.Third)	\$33,000.00					
Total CFP Estimated Cost			\$				\$	

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year : 4 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 5 FFY Grant: 2005 PHA FY: 2005		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA Wide	Operations	\$44,788.00	PHA Wide	Operations	\$44,788.00
	Fees and Costs	\$40,000.00		Fees and Costs	\$40,000.00
TN011-006	Add parking	\$52,500.00	TN011-006	Add parking	\$52,500.00
	Replace sewer laterals	\$25,000.00		Replace sewer laterals	\$25,000.00
	Add double "Y" cleanouts	\$4,200.00		Add double "Y" cleanouts	\$4,200.00
	Replace gas meters	\$4,200.00		Replace gas meters	\$4,200.00
	Landscaping	\$10,000.00		Landscaping	\$10,000.00
	Bath remodeling	\$24,000.00		Bath remodeling	\$24,000.00
	Kitchen remodeling	\$36,000.00		Kitchen remodeling	\$36,000.00
	Electrical upgrade	\$24,000.00		Electrical upgrade	\$24,000.00
	Bathroom grab bars	\$6,000.00		Bathroom grab bars	\$6,000.00
	Window double pane	\$31,680.00		Window double pane	\$31,680.00
	Exterior doors	\$19,200.00		Exterior doors	\$19,200.00
	Security screen doors	\$7,920.00		Security screen doors	\$7,920.00
	901 house numbers	\$1,200.00		901 house numbers	\$1,200.00
	Patch and paint	\$14,400.00		Patch and paint	\$14,400.00
	Abate asbestos floor tile	\$30,000.00		Abate asbestos floor tile	\$30,000.00
	Washer boxes	\$4,200.00		Washer boxes	\$4,200.00
	HVAC	\$48,000.00		HVAC	\$48,000.00
	HVAC closets	\$4,200.00		HVAC closets	\$4,200.00
	Dryer vents and plugs	\$3,000.00		Dryer vents and plugs	\$3,000.00
	Ranges	\$4,200.00		Ranges	\$4,200.00
	Refrigerators	\$5,400.00		Refrigerators	\$5,400.00
Total CFP Estimated Cost		\$			\$

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Pulaski Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43P01150100 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2000
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☐ Original Annual Statement
 ☐ Reserve for Disasters/ Emergencies
 ☐ Revised Annual Statement (revision no:)
 ☒ Performance and Evaluation Report for Period Ending:
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated*	Expended*
1	Total non-CFP Funds	\$0.00		\$0.00	\$0.00
2	1406 Operations	\$42,061.00		\$0.00	\$0.00
3	1408 Management Improvements	\$0.00		\$0.00	\$0.00
4	1410 Administration	\$0.00		\$0.00	\$0.00
5	1411 Audit	\$0.00		\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00		\$0.00	\$0.00
7	1430 Fees and Costs	\$60,000.00		\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00		\$0.00	\$0.00
9	1450 Site Improvement	\$56,000.00		\$0.00	\$0.00
10	1460 Dwelling Structures	\$277,160.00		\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00		\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00		\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00		\$0.00	\$0.00
14	1485 Demolition	\$0.00		\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00		\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00		\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00		\$0.00	\$0.00
18	1499 Development Activities	\$0.00		\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00		\$0.00	\$0.00
20	1502 Contingency	\$0.00		\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$435,221.00		\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities	\$0.00		\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 compliance	\$0.00		\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$0.00		\$0.00	\$0.00

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:
Summary**

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01150100 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated*	Expended*
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Note: The Pulaski Housing Authority has recently been removed from troubled housing agency status. Progress has been initiated to obligate and expend allocated funds.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406		\$42,061.00		\$0.00	\$0.00	
PHA Wide	Fees and Costs	1430		\$60,000.00		\$0.00	\$0.00	
TN011-003 Northside Apts.	Site improvements	1450		\$56,000.00		\$0.00	\$0.00	
	Landscaping/tree removal	1450				\$0.00	\$0.00	
	Replace sewer laterals	1450				\$0.00	\$0.00	
	Add double "Y" cleanouts	1450				\$0.00	\$0.00	
TN011-003	Dwelling units	1460		\$277,160.00		\$0.00	\$0.00	
	Abate asbestos floor tile	1460				\$0.00	\$0.00	
	Patch and paint	1460				\$0.00	\$0.00	
	Kitchen renovations	1460				\$0.00	\$0.00	
	Kitchen GFIC/bath GFIC	1460				\$0.00	\$0.00	
	Security screen doors	1460				\$0.00	\$0.00	
	Bath tub faucets	1460				\$0.00	\$0.00	
	Light fixtures	1460				\$0.00	\$0.00	
	HVAC	1460				\$0.00	\$0.00	
	911 house numbers	1460				\$0.00	\$0.00	
	Washer boxes	1460				\$0.00	\$0.00	
	Dryer vents and plugs	1460				\$0.00	\$0.00	
	New water heaters	1460				\$0.00	\$0.00	
	Ranges	1460				\$0.00	\$0.00	
	Refrigerators	1460				\$0.00	\$0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01191099 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$11,673.00	\$11,073.00	\$11,073.00
2	1406 Operations	\$20,659.00	\$20,659.00	\$20,659.00	\$20,659.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$1,000.00	\$381.00	\$381.00	\$381.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$58,952.00	\$58,622.00	\$53,795.00	\$40,914.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$261,075.00	\$259,899.00	\$236,599.00	\$236,599.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$17,940.00	\$20,065.00	\$20,065.00	\$20,065.00
14	1485 Demolition	\$80,000.00	\$80,000.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$439,626.00	\$439,626.00	\$331,499.00	\$318,618.00
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:
Summary**

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01191099 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01191099 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Transfer funds to operations	1406	1	\$20,659.00	\$20,659.00	\$20,659.00	\$20,659.00	
	Cost of advertising for PHA staff positions and construction bids	1410	1	\$500.00	\$381.00	\$381.00	\$381.00	
	Attorney's fees for review of construction contract documents	1410	1	\$500.00	\$0.00	\$0.00	\$0.00	
	A/E design fee	1430	1	\$30,844.00	\$31,014.00	\$31,014.00	\$30,043.00	
	A/E inspection fee	1430	1	\$23,108.00	\$23,108.00	\$18,281.00	\$10,870.00	
	Hire consultant to assist in development of the Agency Plan	1430	1	\$5,000.00	\$4,500.00	\$4,500.00	\$0.00	
	Purchase a television, VCR and TV stand for community room	1475	1	\$800.00	\$489.00	\$489.00	\$489.00	
	Purchase a video camera	1	1475	\$500.00	\$1,052.00	\$1,052.00	\$1,052.00	
	Purchase riding lawnmower for maintenance	1	1475	\$7,000.00	\$6,181.00	\$6,181.00	\$6,181.00	
	Purchase folding tables for community room	8	1475	\$1,200.00	\$1,200.00	\$1,200.00	\$1,200.00	
	Purchase folding chairs for community room	48	1475	\$1,440.00	\$1,440.00	\$1,440.00	\$1,440.00	
	Purchase new computers	3	1475	\$6,000.00	\$8,703.00	\$8,703.00	\$8,703.00	
	Purchase new printers	2	1475	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	
TN011-002	Demolish vacant units	32	1485	\$80,000.00	\$80,000.00	\$0.00	\$0.00	
TN011-003	Replace existing windows with new insulated windows	442	1460	\$132,600.00	\$132,600.00	\$114,250.00	\$114,250.00	
	Remove existing and install new fiberglass shingle roofing	45	1460	\$5,625.00	\$11,130.00	\$11,130.00	\$11,130.00	
TN011-004	Install new wall mounted mailboxes at front porch	30	1460	\$3,000.00	\$1,200.00	\$0.00	\$0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43P01191099 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Install new 911 light fixtures at front doors	30	1460	\$3,750.00	\$3,750.00	\$0.00	\$0.00	
	Install two new security lights at North Third Street	2	1460	\$500.00	\$219.00	\$219.00	\$219.00	
	Replace existing electric panel, meter base and service entrance	30	1460	\$30,000.00	\$36,000.00	\$36,000.00	\$36,000.00	
	Remove existing and install new gutters and downspouts	2600	1460	\$13,000.00	\$5,600.00	\$5,600.00	\$5,600.00	
	Remove existing and install new vinyl floor tile	30	1460	\$60,000.00	\$44,800.00	\$44,800.00	\$44,800.00	
	Install new dryer vents in one and two bedroom units	24	1460	\$3,600.00	\$6,600.00	\$6,600.00	\$6,600.00	
	Install conduit for telephone at central location	30	1460	\$4,500.00	\$9,000.00	\$9,000.00	\$9,000.00	
	Install conduit for television at central location	30	1460	\$4,500.00	\$9,000.00	\$9,000.00	\$9,000.00	
	Replace ceramic tile floor and base in bathroom	1	1460	\$0.00	\$9,000.00	\$8,400.00	\$8,400.00	
	Partially rebuild two porches. Remove and replace rafters, porch beams, joists, decking and sub-fascia	1	1460	\$0.00	\$1,412.00	\$1,412.00	\$1,412.00	
	Install fascia patch around three buildings	1	1460	\$0.00	\$1,261.00	\$1,261.00	\$1,261.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: FY 1998	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	\$24,162.00	\$31,730.00	\$13,930.00	\$13,930.00
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$5,630.00	\$4,819.00	\$4,819.00	\$4,819.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$86,409.00	\$71,383.00	\$71,383.00	\$59,923.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$5,390.00	\$22,950.00	\$22,950.00	\$22,950.00
10	1460 Dwelling Structures	\$529,969.00	\$533,396.00	\$533,369.00	\$533,396.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$150.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$12,000.00	\$7,000.00	\$7,000.00	\$7,000.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$652,048.00	\$652,048.00	\$652,048.00	\$640,588.00

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:
Summary**

PHA Name: Pulaski Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: FY 1998
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☒ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	\$58,400.00	\$60,600.00	\$60,600.00	\$55,600.00
23	Amount of line 21 Related to Section 504 compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security – Soft Costs	\$1,250.00	\$3,500.00	\$3,500.00	\$3,500.00
25	Amount of Line 21 Related to Security – Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$273,850.00	\$209,200.00	\$209,200.00	\$209,200.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: FY 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Employee salary additive for employee benefits	1410	1	\$630.00	\$630.00	\$630.00	\$630.00	
	Proration of PHA staff salaries	1410	1	\$3,500.00	\$3,500.00	\$3,500.00	\$3,500.00	
	Cost of advertising for PHA staff position and construction bids	1410	1	\$500.00	\$689.00	\$689.00	\$689.00	
	Attorney's fees for review of construction contract documents	1410	1	\$500.00	\$0.00	\$0.00	\$0.00	
	Employee travel costs for attendance at HUD approved CIAP training	1410	1	\$500.00	\$0.00	\$0.00	\$0.00	
	Planning fee	1430	1	\$2,456.00	\$944.00	\$944.00	\$944.00	
	AE Design fee	1430	1	\$32,349.00	\$34,349.00	\$34,349.00	\$34,349.00	
	AE inspection fee	1430	1	\$14,704.00	\$14,704.00	\$14,704.00	\$13,505.00	
	Clerk of the Works	1430	1	\$26,400.00	\$16,386.00	\$16,386.00	\$11,125.00	
	Consultant fee for monitoring of lead based paint abatement activities and post abatement certification	1430	30	\$10,500.00	\$5,000.00	\$5,000.00	\$0.00	
TN011-004	Add fence length of property line @ Childres St.	1450	1	\$1,250.00	\$3,500.00	\$3,500.00	\$3,500.00	
	Add fence length of property line @ Childres St.	1450	1	\$1,250.00	\$1,250.00	\$0.00	\$0.00	
	Trim trees	1450	6	\$2,400.00	\$2,400.00	\$0.00	\$0.00	
	Replace sunken sidewalks and install new drains under walks	1450	270	\$900.00	\$0.00	\$0.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN011-004	Rebuild concrete drain on storm water system	1450	45	\$900.00	\$0.00	\$0.00	\$0.00	
	Rebuild concrete drain on storm water system	1450	45	\$900.00	\$3,600.00	\$3,600.00	\$3,600.00	
	Repair and paint railing @ retaining wall at Childres St along Hwy 31	1450	700	\$3,500.00	\$4,350.00	\$4,350.00	\$4,350.00	
	Install new bath accessories	1460	28	\$2,800.00	\$4,200.00	\$4,200.00	\$4,200.00	
	Replace medicine cabinet	1460	28	\$2,800.00	\$2,800.00	\$2,800.00	\$2,800.00	
	Replace water closet with water saving type	1460	28	\$7,000.00	\$5,600.00	\$5,600.00	\$5,600.00	
	Replace lavatory drain lines to tee in wall	1460	28	\$980.00	\$5,600.00	\$5,600.00	\$5,600.00	
	Replace water closet flange	1460	28	\$980.00	\$1,400.00	\$1,400.00	\$1,400.00	
	Replace lavatory faucets	1460	28	\$2,800.00	\$1,400.00	\$1,400.00	\$1,400.00	
	Replace lavatory supply lines and stops	1460	28	\$980.00	\$700.00	\$700.00	\$700.00	
	Prep wall and install new ceramic tile tub surround	1460	28	\$12,600.00	\$11,200.00	\$11,200.00	\$11,200.00	
	Install new tub valve and showerheads	1460	28	\$6,300.00	\$5,600.00	\$5,600.00	\$5,600.00	
	Install grab bars at tubs	1460	28	\$5,600.00	\$2,800.00	\$2,800.00	\$2,800.00	
	Convert existing bathroom electrical receptacle to GFI	1460	28	\$700.00	\$1,400.00	\$1,400.00	\$1,400.00	
	Remove existing soffitt and install new perforated soffit	1460	6568	\$19,704.00	\$0.00	\$0.00	\$0.00	
	Cover miscellaneous wood trim and fascia aluminum	1460	1480	\$5,920.00	\$29,000.00	\$29,000.00	\$29,000.00	
	Replace rotten fascia boards	1460	370	\$962.00	\$1,480.00	\$1,480.00	\$1,480.00	
	Cover existing wood siding with vinyl siding	1460	2480	\$7,440.00	\$0.00	\$0.00	\$0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Pulaski Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: FY 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Cover porch ceiling with vinyl	1460	2750	\$8,250.00	\$0.00	\$0.00	\$0.00	
	Add new splashblocks at downspouts	1460	25	\$250.00	\$3,000.00	\$3,000.00	\$3,000.00	
	Remove existing and install new roofing shingles	1460	125	\$33,750.00	\$42,080.00	\$42,080.00	\$42,080.00	
	Remove existing rotten or bad sheathing and install new sheathing	1460	1356	\$1,695.00	\$1,356.00	\$1,356.00	\$1,356.00	
	Remove existing and install new vent flashing at all roof penetrations	1460	150	\$3,750.00	\$3,600.00	\$3,600.00	\$3,600.00	
	Remove and rebuild exterior brick wall damaged by settlement	1460	600	\$6,000.00	\$3,000.00	\$3,000.00	\$3,000.00	
	Remove and install new porches and steps	1460	2	\$2,500.00	\$0.00	\$0.00	\$0.00	
	Install new insulated steel entrance doors and frames	1460	56	\$30,800.00	\$40,600.00	\$40,600.00	\$40,600.00	
	Install new insulated security screen doors	1460	60	\$17,100.00	\$15,000.00	\$15,000.00	\$15,000.00	
	Replace existing bi-fold closet doors with hinged door	1460	28	\$11,200.00	\$33,600.00	\$33,600.00	\$33,600.00	
	Replace existing 50 amp panel with new 125 amp panel	1460	30	\$28,500.00	\$0.00	\$0.00	\$0.00	
	Replace existing smoke detectors with hardwired/battery smoke detectors	1460	28	\$2,800.00	\$9,000.00	\$9,000.00	\$9,000.00	
	Replace all existing light fixtures	1460	28	\$7,840.00	\$14,000.00	\$14,000.00	\$14,000.00	
	Patch and paint all walls and ceilings	1460	28	\$28,500.00	\$42,000.00	\$42,000.00	\$42,000.00	
	Install new kitchen cabinets	1460	28	\$33,600.00	\$39,200.00	\$39,200.00	\$39,200.00	
	Install new backsplash at range and kitchen sink	1460	28	\$2,100.00	\$1,400.00	\$1,400.00	\$1,400.00	

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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace kitchen sink with new stainless steel sink	1460	25	\$3,500.00	\$11,200.00	\$11,200.00	\$11,200.00	
	Replace kitchen sink faucet	1460	28	\$2,800.00	\$0.00	\$0.00	\$0.00	
	Replace kitchen sink drain lines to tee in wall	1460	28	\$2,100.00	\$0.00	\$0.00	\$0.00	
	Replace kitchen sink supply lines and stops	1460	28	\$980.00	\$0.00	\$0.00	\$0.00	
	Convert electrical outlet at refrigerator to single receptacle	1460	30	\$750.00	\$1,500.00	\$1,500.00	\$1,500.00	
	Convert electrical outlet at kitchen sink to GFI	1460	56	\$2,800.00	\$1,500.00	\$1,500.00	\$1,500.00	
	Install additional electrical outlet at kitchen countertop	1460	30	\$1,500.00	\$4,500.00	\$4,500.00	\$4,500.00	
	Install ducted range hood	1460	28	\$4,200.00	\$8,400.00	\$8,400.00	\$8,400.00	
	Install new 45,000 BTU central heating system with 1.5 ton cooling capacity in 0-bedroom units	1460	6	\$24,000.00	\$18,000.00	\$18,000.00	\$18,000.00	
	Install new 45,000 BTU central heating system with 1.5 ton cooling capacity in 1-bedroom units	1460	21	\$98,700.00	\$63,000.00	\$63,000.00	\$63,000.00	
	Install new 45,000 BTU central heating system with 2.0 ton cooling capacity in 2-bedroom units	1460	3	\$16,200.00	\$9,000.00	\$9,000.00	\$9,000.00	
	Construct new mechanical closet for HVAC system	1460	30	\$9,000.00	\$20,400.00	\$20,400.00	\$20,400.00	
	Install combustion air duct for HVAC closet	1460	30	\$2,250.00	\$6,000.00	\$6,000.00	\$6,000.00	
	Replace existing gas water heaters with new 40 gallon unit	1460	25	\$8,750.00	\$15,000.00	\$15,000.00	\$15,000.00	

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				Original	Revised	Funds Obligated	Funds Expended	
	Install pan and drain at water heater	1460	28	\$1,400.00	\$3,000.00	\$3,000.00	\$3,000.00	
	Install new light fixture and switch for water heater closet	1460	28	\$1,400.00	\$4,200.00	\$4,200.00	\$4,200.00	
	Replace windows with new insulated windows	1460	180	\$59,400.00	\$36,000.00	\$36,000.00	\$36,000.00	
	Install new electric range	2465.1	22	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	
	Replace refrigerators	1465.1	20	\$7,000.00	\$7,000.00	\$7,000.00	\$7,000.00	
PHA Wide	Purchase portable welder	1475	1	\$3,000.00	\$3,000.00	\$0.00	\$0.00	
	Purchase line locator	1475	1	\$500.00	\$500.00	\$0.00	\$0.00	
	Purchase Bobcat w/backhoe	1475	1	\$10,000.00	\$10,000.00	\$0.00	\$0.00	
	Purchase gas leak detector	1475	1	\$150.00	\$0.00	\$0.00	\$0.00	
	Purchase gas leak detector	1475	1	\$150.00	\$150.00	\$0.00	\$0.00	
	Purchase pest control fogger	1475	1	\$500.00	\$500.00	\$0.00	\$0.00	
TN011-004	Relocation costs for comprehensive modernization	1495.1	30	\$12,000.00	\$7,000.00	\$7,000.00	\$7,000.00	
	Unbudgeted (leftover) funds	1460	1	\$0.00	\$0.00	\$0.00	\$0.00	
	Change latchset and deadbolt on front doors of handicap units to match other doors	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	Install leveling compound on floor of unit 733/735 floor	1460		\$0.00	\$4,020.00	\$4,020.00	\$4,020.00	
	Construct new interior wall to straighten existing wall	1460		\$0.00	\$3,200.00	\$3,200.00	\$3,200.00	
	Add new water shut-off valve in kitchen cabinets	1460		\$225.00	\$225.00	\$225.00	\$225.00	
	Prep and paint all site handrails	1450		\$550.00	\$550.00	\$550.00	\$550.00	

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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Cover all door and window lintels	1460		\$0.00	\$3,465.00	\$3,465.00	\$3,465.00	
	Install PHA furnished interior doors	1460		\$0.00	\$500.00	\$500.00	\$500.00	
	Pour new concrete along building no. 733/735 between existing ditch and building	1450		\$0.00	\$1,500.00	\$1,500.00	\$1,500.00	
	Construct new drywall and stud wall in 0-bedroom units for separation of sleeping area from living area	1450		\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	
	Rewire range receptacles to meet code requirements	1460		\$5,250.00	\$5,250.00	\$5,250.00	\$5,250.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

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